



CONFINEMENT CHECKS FORM

Today's Date: _____

Youth: Youth ID Number: _____	Location of Confinement: Room Number: _____	Confinement Status: <input type="checkbox"/> PHC: Begin Date/Time: _____ End Date/Time: _____ <input type="checkbox"/> Disciplinary Confinement: Begin Date/Time: _____ End Date/Time: _____
1st Shift Officer: Yes <input type="checkbox"/> No <input type="checkbox"/> Meal Time: _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Shower Time: _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Rec/Leisure Time: _____ Describe Activity: _____ _____ Signature _____ Date _____ Time _____		2nd Shift Officer: Yes <input type="checkbox"/> No <input type="checkbox"/> Meal Time: _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Shower Time: _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Rec/Leisure Time: _____ Describe Activity: _____ _____ Signature _____ Date _____ Time _____

Administrative Approval: Yes No Administrator Who Approved: _____ Date: _____ Time: _____

1st SHIFT SUPERVISOR VISIT: Comments / Justification for PHC placement or continuation (does not have to be based on solely on the face to face encounter):

Yes No Was the youth's door opened to allow face to face contact?
 Yes No Is there any reason to continue youth's confinement?

For Pre-Hearing Confinement: Continue youth in PHC Remove youth from PHC

Signature: _____ Date: _____ Time: _____

2nd SHIFT SUPERVISOR VISIT: Comments / Justification for PHC placement or continuation (does not have to be based on solely on the face to face encounter):

Yes No Was the youth's door opened to allow face to face contact?
 Yes No Is there any reason to continue youth's confinement?

For Pre-Hearing Confinement: Continue youth in PHC Remove youth from PHC

Signature: _____ Date: _____ Time: _____

CASE MANAGER VISIT: Comments:

Yes No Was the youth's door opened to allow face to face contact?
 Yes No Is there any reason to continue youth's confinement?
 Yes No Youth to be seen for further follow-up

Observed Behaviors: _____

Signature: _____ Date: _____ Time: _____

**If one discipline is making rounds for another discipline, the staff member must make entries and signatures in both sections of the Confinement Checks Form.

BEHAVIORAL HEALTH VISIT: Comments:

Yes No Was the youth's door opened to allow face to face contact?
 Yes No Any suicidal statements by this youth?
 Yes No Any self harm behaviors by this youth?
 Yes No Does the youth require a change in the level of observation?
 Yes No Is there any clinical reason youth should not be confined?
 Yes No Youth to be seen for follow-up (explain in comments)

Observed Behaviors: _____

Signature: _____ Date: _____ Time: _____

**If one discipline is making rounds for another discipline, the staff member must make entries and signatures in both sections of the Confinement Checks Form.

MEDICAL VISIT: Comments:

Yes No Was the youth's door opened to allow face to face contact?
 Yes No Was the youth given the opportunity to request health care?
 Yes No Is there any clinical reason youth should not be confined?
 Yes No Youth to be seen for follow-up (explain in comments)

Signature: _____ Date: _____ Time: _____

EDUCATION VISIT #1: Check here if youth not confined during school day

Assignments provided to youth: _____

Signature: _____ Date: _____ Time: _____

EDUCATION VISIT #2: Check here if youth not confined during school day

Yes No Assignments collected
 Yes No Youth given an opportunity to ask questions

Signature: _____ Date: _____ Time: _____